

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-09949

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Marathon Oil Company

3. Address of Operator
P.O. Box 552, Midland, TX 79702

7. Lease Name or Unit Agreement Name
WALTER LYNCH

8. Well No.
4

9. Pool name or Wildcat
BLINEBRY\TUBB

4. Well Location
Unit Letter **D** : **660** Feet From The **NORTH** Line and **585** Feet From The **WEST** Line
Section **1** Township **22-S** Range **37-E** NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR:3358

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **DHC ORDER # 1021** ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Marathon Oil recently completed Downhole Commingling of this well as per the referenced DHC Order. The work is summarized below.

8-12-94: MIRU PU. POOH W/rods and pump. NU BOP. POOH W/dual tbg strings and Pkr. Tagged PBTD @ 6285'. Installed 2 3/8" production tubing. ND BOP. NU wellhead. Installed rods and 1 1/16" pump. Hung well off and turned to test. RDMO PU

Test after work: 8 BO, 378 MCF, 2 BW

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Thomas M. Price

TITLE **Adv. Eng. Tech**

DATE **8-25-94**

TYPE OR PRINT NAME **Thomas M. Price**

TELEPHONE NO. **915-687-83**

(This space for State Use)

SEP 19 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: